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ABSTRACT

The report describes, in photographs and text, a demonstration program in early education for multiply handicapped preschool children carried on by United Cerebral Palsy of New York City (UCP) in cooperation with the Bureau of Education for the Handicapped. Reviewed are the objectives of the project, home and family involvement, the staff team, the physical development program, nutrition, a special device for toilet training, the facility's floor plan, general learning guidelines, demonstration aspects of the project, and learning that takes place on the school bus. Also included is a drawing of the proposed Brooklyn Rehabilitation Campus, which will include an Educational Center. (KW)

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Early Education of the Multi-handicapped Child

The story of a demonstration program carried on by United Cerebral Palsy of New York City, Inc. in cooperation with the U.S. Office of Education, Bureau of Education for the Handicapped.

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The need and a sensible way to meet it

The very early formative years are vital for the most effective rehabilitation of the handicapped child. Progress made during this period is thought by rehabilitation experts to be the most valuable in the patient's entire life. Child development experts have long recognized the first five years of a child's life as representing the period of highest potential in the learning process. It is during this time that the basic patterns of life are established, often permanently.

This demonstration project represents an effort to capture these early years in such a way that rehabilitation and education processes can be employed more effectively to bring about the fullest development of each child's potential.

The project design calls for an energetic and concentrated investment in all aspects of the child's life, especially the home and family. With a wide variety of professional skills available, the challenge in the project has been to "orchestrate" these skills without having the youngsters or their families feel that an army of professionals was descending upon them.

Dr. Edwin W. Martin, Director of the Bureau of Handicapped Children, U.S. Office of Education, has said, "Expansion of the education setting (for handicapped children) poses numerous problems for professional educators trained and experienced in a program centered around the classroom." We recognize that the normal educational setting is not limited to the classroom, but includes the home, the bus, the rehabilitation center and various program components of therapy, education, and recreation.

This project then was designed to create a very special program for young handicapped children within the educational setting of a voluntary rehabilitation agency. The wide offering of agency services is seen as a great strength in the program, however, **a primary objective has been to develop the program in such a way that it can be easily absorbed into public and private school services for multi-handicapped children.**

From the time a child is diagnosed as brain injured, often upon leaving the obstetrical ward of the hospital, the program begins with the family. Here skillful social workers, psychologists, psychiatrists and other personnel, working with the medical community, provide the initial orientation of the family to the problem of raising a multiply handicapped child. Social workers and case-aides make home visits and establish a rapport with the family. They bring with them tangible evidences of service in the form of emergency financial assistance, simple home care devices, instruction in feeding, toilet training and in making adapted clothing for the handicapped.

As soon as possible, the child enters the special learning environment created for young preschool handicapped children. A gradual progression of time spent in the classroom is developed, with a maximum of parent participation. Developmental deficits of each child are carefully analyzed and an individual program is established with primary and secondary objectives for each child.

The teacher emerges as the primary personality in this program; however, as stated by Dr. Martin, "The traditional bounds of the teacher's intervention into the child's life are no longer valid." The early education setting is as big as the life of the handicapped child. **Breaking the bonds of the traditional educational approach is perhaps the most challenging part of the entire program.**

About United Cerebral Palsy of New York City-

Organized in the 1940's through the interest of the parents of the handicapped children who felt that little or no attention was being given to their problems, United Cerebral Palsy of New York City has grown into one of the largest comprehensive service programs for the cerebral palsied in the world. More than 4,000 palsied persons and their families are served by the agency each year. Seven major centers in New York City provide a vast array of educational, vocational and related services.

International visitors from 32 countries visited the demonstration project during the first year of its organization. Although the project was originally scattered among the major boroughs of New York City, it is now concentrated in a mid-Manhattan location, virtually across the street from the United Nations buildings. The visibility of this program to the international community, as well as the United States, makes a compelling case for the project location and sponsorship.

Berta Rafael, Project Director, and Leslie D. Park, Executive Director, discuss the program for pre-school children at the New York City Facility.

In contemplating a large construction program for pre-school, handicapped children in a Brooklyn "Rehabilitation Campus," United Cerebral Palsy of New York City, Inc. has now had the opportunity to freely experiment and demonstrate many effective patterns of work with this pre-school group, before this construction program. Special classroom design, devices in the classroom, and teaching approaches have been developed through this project. Appropriate classroom layout, use of new floor materials, self-contained classroom design, Swiss-made toilet facilities and the provision of a suitable play environment in a crowded midtown location have all provided a valuable initial experience in the development of an effective pre-school program.

Simple objectives and a plan to meet them

The objectives of the project are stated clearly in the initial project proposal:

a. To *identify children* before the age of 2½ years who may profit from early education experiences. Such identification will be accomplished through a process of educational, medical, psychological, and social work evaluations.

b. To provide a graduated educational experience extending from two days a week with parent participation at age 2½, through a three-day program ending at age 6 or upon entry into regular public school or United Cerebral Palsy sponsored educational program.

c. *To experiment with a parent education program* to help the parent grow in understanding as the child is advanced in the educational setting.

d. *To sponsor special parent-child summer conferences* oriented to early childhood educational objectives. The plan is to have all pre-school children and their parents for at least one week of parent education in a relaxed setting with access to experts in education, psychology, and medicine.

e. To *develop adapted education settings peculiar* to the needs of young children. Since the program will be housed in an essentially new facility, there will be wide opportunity for experimentation in the physical structure of the classrooms.

f. To provide *teaching experience for university* students preparing in the field of special education who may want to specialize in early childhood special education.

g. To orient the entire program around the objective of "success" in play and work activities at a very early age. Conditioning a handicapped child to *expect success* early in life would be the major focus of this program.

h. To demonstrate to the community, and particularly the New York City public school system, "the validity and effectiveness of such a program at an early age."

Home and family involvement

The proper inter-relationship of home and family, rehabilitation team, and teaching staff is the most critical component of the program.

The project begins with a strong emphasis on home and family orientation. This is continued, with initial home visits carried on by the teacher and her assistant. These are followed by parent education conferences both in the home and in the classroom setting and further enriched by encouraging the family to participate in the parent education activities of the agency, the summer educational conference, and other activities which are appropriate to the family unit. Because there are no fees of any kind paid by the family for services, participation in these activities is considered to be in lieu of fees.

The staff team

Additional staff support the educational staff throughout the program. In addition to the teacher and her assistant in each classroom, there are a visiting physical therapist, a part-time psychologist, visiting speech therapist, and various educational consultants who are available to the educational staff. Regular staffing conferences on each child are held with a view toward providing optimum developmental opportunities.

Many staff personnel relate to the project in various ways:

Recreation staff organize and conduct the children's program at the annual parent-child summer conference.

Drivers and transportation staff regularly consult with teachers on bus behavior of the children.

Rehabilitation engineers, architects and designers continue to plan with staff members on changes in classroom and classroom equipment.

Social work staff counsel parents on a vast array of subjects such as program objectives, progress reports, summer conference schedules, etc.

A vigorous physical program

Large muscle activity is often a major problem with the multi-handicapped pre-school child. During regular classes, large muscle activity includes games and contests and activities in the indoor-outdoor room.

In cooperation with the instructional staff, the physical therapist carries on a program aimed at both physical and functional improvement in each child.

Special "self motivating" equipment is constantly being tried. Climbing apparatus, too often excluded from the handicapped child's environment, is used extensively. "Floor play" is encouraged and floor surfaces are designed with this in mind. The wide,carpeted corridors are used with tricycles, wagons and pushing and pulling equipment. "Astroturf" in the playroom offers a new and interesting grass-like play area.

An exciting recent development is the use of "inflatables" of all kinds. Also, high density foam rubber mats and tumbling equipment are effective "motivators."

A conference featuring "The Self-Motivating Soft Environment" was recently conducted by engineers from the British Royal College of Art. It is here that "inflatables" are being developed for use with handicapped and retarded children extensively.

For the television audience, Mr. James Sandu of the Royal College of Art, London, England, demonstrates one of the "inflatables" used with handicapped children in England.

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The nutrition program

Time out for meals is important for many reasons. The children learn to try new foods which they might not experience at home. Coordination in handling fork and spoon is learned. Advice is available to parents in the area of diet and nutrition. Because this is a group activity, it aids the child in identifying with others in the group. Good manners, as well as good eating habits, are learned here.

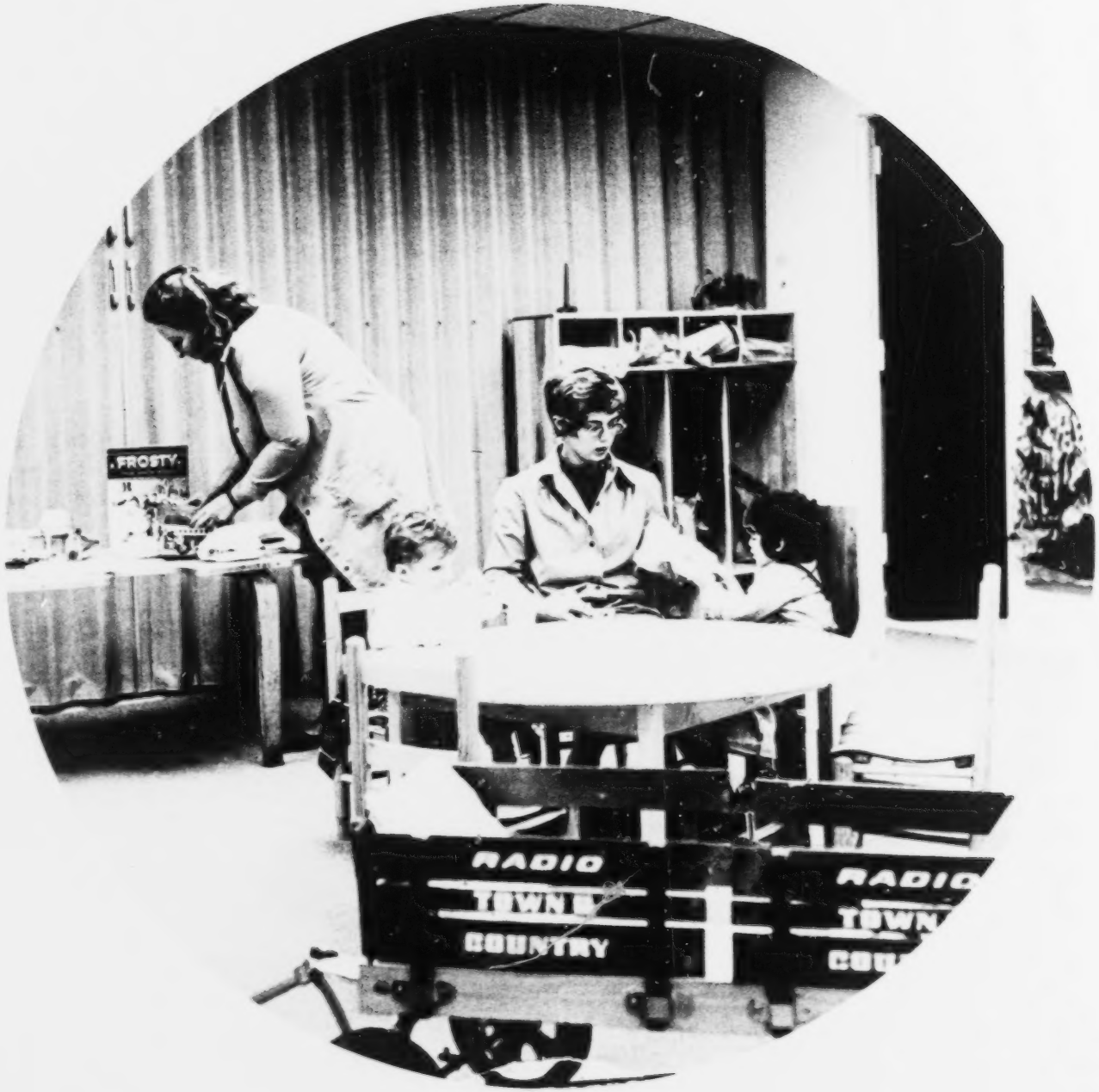
Guidance is provided to families in the preparation of special foods for children who have problems with sucking and swallowing. The speech therapist is an important staff member in assisting with these problems.

A special device for toilet training

Toilet training is a vitally important part of a pre-school program. As an aid, each classroom is equipped with an automatic toilet imported from Switzerland. It is especially well suited for use by the multiply handicapped. The dark bar on the tank actuates a mechanism which first washes the child with warm water and then dries him with warm air. Toilet tissue is provided but is completely unnecessary with this unit.

This "rehabilitation engineering" in the pre-school classroom is extremely promising.

Classrooms are large and open but lend themselves well to division into activity centers. The large mirror at the left is of the two-way type and forms the entire end of the observation room where parents and teachers can watch the program in operation. Microphones pick up classroom conversation which can be heard in the observation rooms.



The classrooms are well lighted, air conditioned and suitable for activity all year long. The sliding door divides the two classrooms from each other, unless plans call for shared activities. The toilet is conveniently located behind the dark door in the corner.

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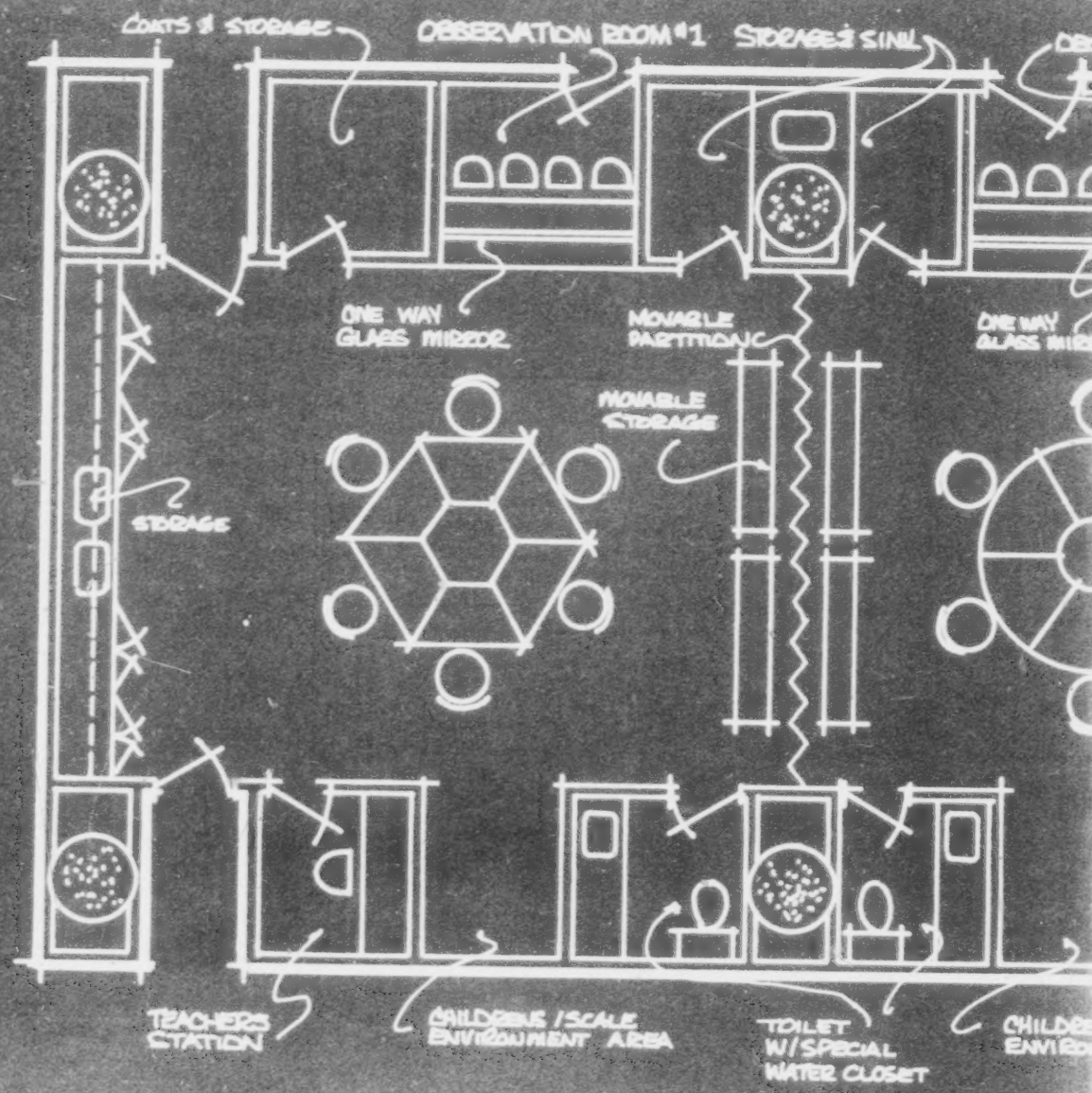
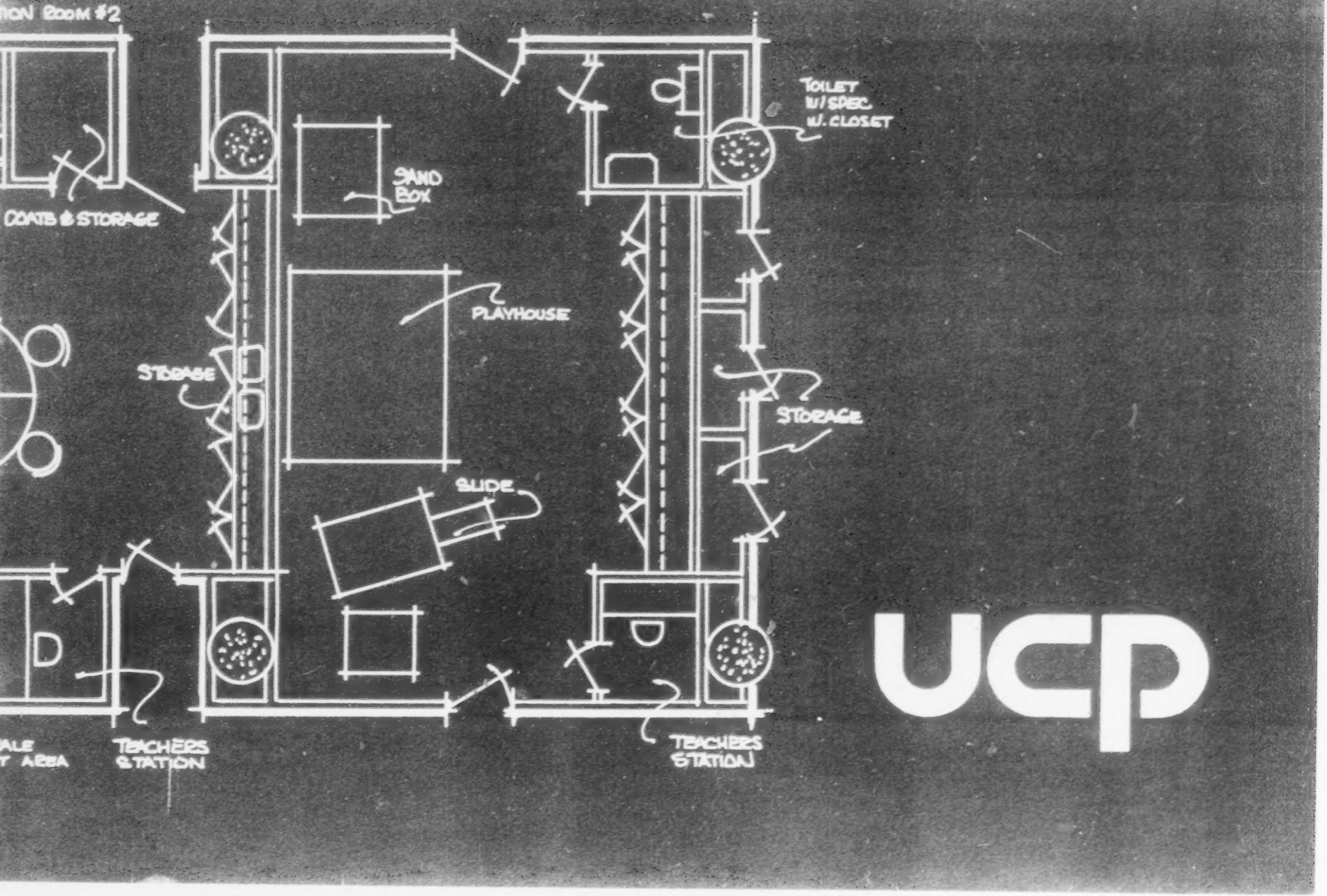
Floor plan
of facility in
New York City




TION ROOM #2
COATS & STORAGE
SAND BOX
PLAYHOUSE
STORAGE
SLIDE
TOILET W/SPEC. W. CLOSET
STORAGE
TEACHERS STATION
TEACHERS STATION
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Staff work with child and family

Close cooperation between parents, staff, and other agencies gives great depth to the program. The project encourages intensive parental involvement in the classroom. Parents also help with trips, parties, and the planning and execution of special events. Regular meetings between parents, teachers, and supporting staff members are an integral part of the program. The project is designed to familiarize parents with all available resources for present and future needs.

An individual program is developed for each child after the identification of the child's strengths and weaknesses. Careful records are kept. Areas of strength are used to work toward growth in areas of weakness. Integration of the professional skills of all staff members concerned with the project is the basis for each individual's program. Suitable balance is provided between child-initiated and teacher-initiated activities, as well as between individual and group activities.

Educational materials are developed by staff people when not available through commercial sources. Regular in-service training by the most knowledgeable members of the medical and academic community is an important part of the teachers' schedule.

How parents and children learn

The children learn and play in two modern, specially designed classrooms and an indoor-outdoor playroom, with furnishings suited to their handicapping conditions. Each classroom is seen as a "prepared environment," designed to help young children focus on the tasks set before them and those selected by them. The materials provided, both commercially and staff developed, are designed to help each child learn in his own way, at the same time sharing with others the joys and demands of moving from a sheltered home and hospital life to that of the wider world.

Each parent receives an orientation to the goals of the program and is encouraged to:

1. Observe the child's group through the one-way mirror.
2. Participate as a helper in the classroom.
3. Become a member of an on-going group while the child is at the center.
4. Participate in all parent activities developed by United Cerebral Palsy of New York City, Inc.

Transportation and funds for sitters are provided so that mothers will be able to attend meetings regardless of economic or family situations.

The curriculum goals are common to all young children:

1. Intellectual development and communication skills.
2. Self-help skills.
3. Emotional stability.
4. Social maturity.
5. Motor development.
6. Perceptual development.

A multi-sensory approach is stressed in daily activities in order to develop wide range of concepts and pre-academic skills.

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This program is guided by principles of early childhood education modified to meet the needs of the handicapped child. Children come from all socio-economic levels and many cultures and linguistic backgrounds. Classes are small, with no more than six children present at any one time. A teacher and assistant are always present, often supplemented by a parent and staff specialist.

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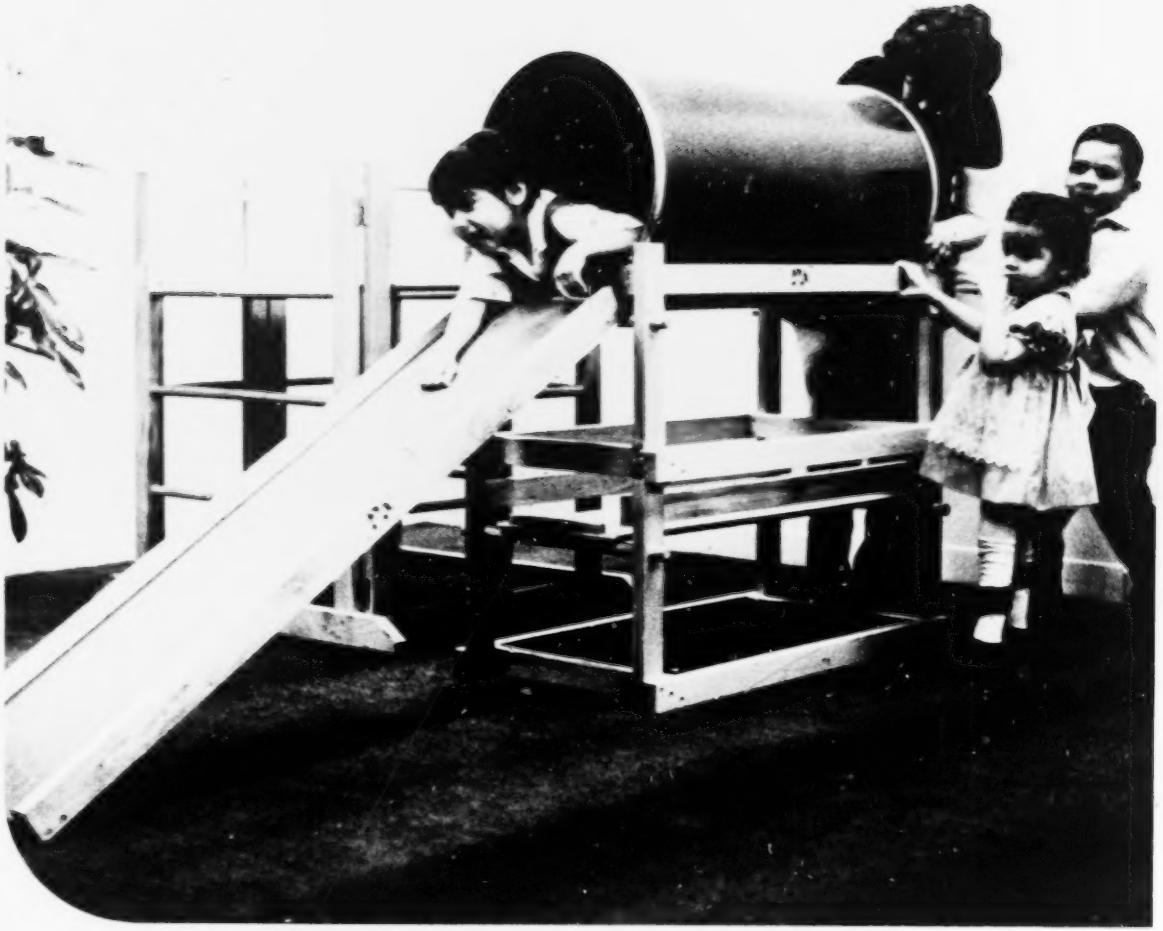


Future research and demonstration areas

1. Experimentation with closed circuit television as an instructional tool for multi-handicapped children.
2. Further experimentation with environmental changes, including more research with "inflatables" and self-motivating equipment.
3. Development of a more effective "mobility system" for handicapped pre-schoolers. This includes vehicular re-design and alternatives to the wheelchair.
4. Refinement of evaluation techniques.
5. Refinement and broadening of the summer "Parent Conference" concept.
6. Experimentation with volunteers working in the program.
7. Research into "systems" for feeding pre-schoolers more nutritious, attractive and reasonably priced "snacks" and meals.
8. Preparation of publications on various aspects of the project.

Learning on the bus

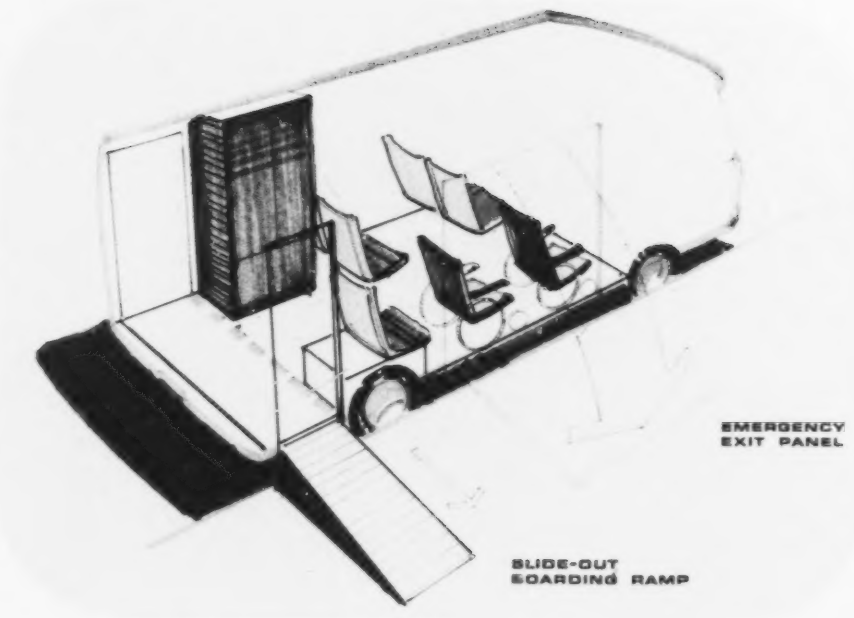
The learning environment includes the home, classroom—*and the bus.*

Since all children are picked up at their homes and returned at the end of the school day, the bus is a place where much learning takes place.

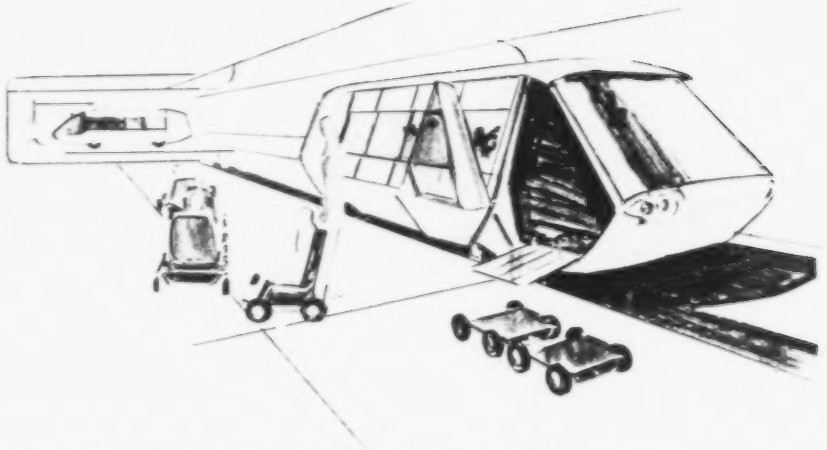
Rather than using a conventional bus, a more spacious automobile has been provided which invites much more conversation and children's banter. Because windows are lower, this also makes it possible for the children to see the environment through which they are moving.

Studies are presently underway to develop the prototype of a "mobile classroom" for use with pre-school children.

Artist's Concept of Interior of Educational/Transportation Near Term Vehicle (developed by Grumman Aerospace Corp.)



Board/Exiting and Emergency Exit Panel, of Educational/Transport Near Term Vehicle



Future design for Educational/Transport Vehicle

Early education progression

Pre-Admission

1. Identification of handicapped child.
2. Offer agency services via phone.
3. Initial home visit.
4. Screening of child for Early Education Program.
5. Follow-up home visits—assistive devices in the home.
6. Comprehensive medical evaluation.
7. Enrollment of child in Early Education Program.
8. Orientation of child and family in Early Education Program.

Child Enters Early Education Program—First Phase

1. Testing and evaluation of child's needs.
2. Building tolerance for a longer educational day.
3. Gradual withdrawal of parent from classroom-volunteer service.
4. Travel on school bus without parent.
5. Introduction of selected "therapies" in school day.
6. Inclusion of lunch in school day.
7. Gradual broadening of pre-school curriculum.
8. Parent participation in "Summer Parent Conference."
9. Continued home visits to reinforce school therapy program.
10. Regular team evaluation of child's progress.
11. Parent-teacher conferences.

Early Education—Second Phase

1. Extension of school day to afternoon program.
2. Curriculum broadening.
3. Parent participation in local Parent Council.
4. Work with public schools for evaluation and admission.
5. Promotion to public or special school.

The transportation problem

Is this the best way to transport handicapped children?

or this?

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Looking ahead

A primary concern of the program is to successfully place children in the public school programs upon completion of the pre-school experience.

In the expectation that pre-school education will one day be offered to **all** children under public auspices, this project provides a continuing laboratory for the demonstration of effective educational practice.

Additional facilities to be constructed on the Brooklyn "Rehabilitation Campus" (see photo next page) will greatly expand educational opportunities for young multi-handicapped children. The campus will include a large educational plant designed to serve a large population of pre-school and infant handicapped children.

An expanded and modern program will be carried out in this unique facility, particularly in research and demonstration.

Proposed Brooklyn Rehabilitation Campus

A. Educational Center
B. Transportation Center and Garage
C. Residential Facility
D. Vocational Training Center
E. Transparent Climatically Controlled Mall

The Professional Advisory Council

The Professional Advisory Council represents outstanding leadership in a variety of services to handicapped children and adults. The value of working with a well-organized and balanced group of professional people representing medicine, special education, psychology, vocational rehabilitation, social work, and a variety of existing community social agencies is obvious. The Professional Advisory Council functions very effectively in dealing with special problems and projects affecting the handicapped.

A sub-committee on Early Education is part of the Professional Advisory Council with special responsibility for the educational content of this special program. They represent the leaders in the educational community and are well known in the special education and early childhood development fields.

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